PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875			Apolic	Application of Docker Hornber		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY			Y OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED	NUMBER EXTR4	RATE · FE	· .	. RATE		
37 CFR-1.16(a)) TOTAL CLAIMS	A y the	S	OR	· · · · · · · ·	FEE	
37 CFR 1.16(c)) minus 20 =		X S . =		<u> </u>	\$	
NO EPENDENT CLAIMS		X S = .	OR'	X \$=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR	1.16(d))	+5 =	ÓR	x 5 =	· · · · ·	
if the difference in column 1 is less than zero, enter "0" i		TOTAL	OR	_ =		
CLAIMS AS AMENDED - PAR	· · · · · ·		OR :	TOTAL		
	· ''				· :	
2.115	lumn 2)" (Column 3)	SMALL ENTITY	, · OR		R.THAN ELITIFY	
AFTER PREV AMENDMENT. PAIR	MBER PRESET. HOUSLY EXTRA SFOR	RATE ADDITION FE	AL /	RATE	ADDI- TIONAL	
137 CFR 1.15(c))	20 -	X S =			. ===	
independent (37 CFR 1 (6.5)) Minus	3 -	x \$ = ·	OR	X 3=		
FIRST FRESENTATION OF MULTIPLE DEPENDENT CLAN	M 127 CER : #10		CR '	X S=		
121		TOTAL	<u> </u>	foral .	/	
(Calum - 4)		ADD'L FEE	OR	ADD'L FEE		
CLAIMS HIGH	umn 2) (Column 3) .					
REMAINING NUM AFTER PREVIO	BER PRESENT :	RATE ADDITED!	NL	RATE	ADDI- TICILAL	
Total Minus **	=	FEE			FEE	
Independent Minus Minus	=	X S = ·	OR .	x .s =	• •	
Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		OR	X \$=.	· .		
T. WOETH CE DEPENDENT CLAIM	(37 CFR 1;16(d))	+ 5=	OR	+ \$=	<u>.</u> .	
		TOTAL ADD'L-FEE	. OR .	ADD'L FEE		
(Column 1). (Column 1).	mn 2). (Column 3) .				•	
AFTER PAID I	MOLI EXTRA	RATE ADDI-	•	PATE	ANDI. TIONAL	
Total	=	FEE	- 		FEE	
ndependent		X S=	OR	X S=		
FIRST FRESENTATION OF MULTIFUE DEFENDENT GLAIM		X S=	OR	x ε=		
The state of the s	Box Comp. Copin	1		* :		
to the action, is not being to discuss them the letter it as a unit		· •		1		
	FL Wife Control of A SPACE is less that 20, ent PACE is less than 5, enter			_		

USPTC to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden standard to the individual case. Any comments